Lancashire Care NHS Foundation Trust

Ormskirk Hospital

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 29 April 2015. This was an announced inspection as part of the wider trust inspection of Lancashire Care NHS Foundation Trust.

The service provides personal care services to adults with complex physical disabilities and learning disabilities in their own homes. This arrangement is called 'supported living' because people are supported to live, often in groups, in properties which are provided by a social or other landlord. At the time of our inspection the service provided 24 hour support to 11 people, in four properties, in the Ormskirk area.

The service is registered as part of Ormskirk Hospital and managed by a service manager, based at Bickerstaffe House, who was supported by a business manager at Lancashire Care NHS Foundation Trust.

Summary of findings

People we spoke with, and their relatives, told us they felt safe. The provider had implemented policies and procedures which provided guidance for staff on keeping people safe. Staff told us and training records confirmed that staff underwent regular training to help keep people safe. Staff we spoke with were knowledgeable with regard to maintain people's safety and told us they would not hesitate to raise concerns if they noticed something was wrong.

People's freedom was respected and their independence promoted with minimal restriction. Staff supported people to stay safe in their own homes and in the community. Comprehensive risk assessment and management plans were in place for each person who used the service, to provide guidance for staff on how to help people to stay safe.

Staffing levels were assessed based on the needs of people who used the service. These were continually monitored to ensure people's need were met consistently. When people's needs changed, staffing levels were adjusted accordingly. Staff told us and we observed there was a good skills mix in each team, to ensure people were supported by staff with the right skills and experience to meet their needs.

The provider operated safe recruitment practices. These included seeking references from previous employers and checks with the Disclosure and Barring Service. This helped to make sure that only suitable staff, of good character, were employed by the service.

We found that medicines were stored safely and the medicines administration records were clearly presented to show the treatment people had received. The provider operated safe systems for managing medicines.

People received support from a stable staff team that had good knowledge of their needs and had received specialised training to help to ensure they could meet the needs of people they supported. People were encouraged and supported to lead a healthy and active lifestyle as much as they were able.

Consent was sought in line with legislation. Staff understood their responsibilities with regard to the Mental Capacity Act 2005. Assessments of mental capacity were carried out by staff who were trained to do so and were decision specific. Individualised guidance was available to help staff support people who may exhibit behaviours which challenged the service.

People we spoke with and their relatives expressed satisfaction with regards to nutrition. Health action plans were in place for each person who used the service, which included how to support people to eat and drink healthily. People told us they were able to choose what to eat and drink. We saw from records and healthcare professionals we spoke with told us that the service would seek guidance and advice where necessary, around nutritional risks.

People were able to access healthcare services as required. Healthcare professionals we spoke with explained that staff supported people well to attend appointments and during any home visits.

We observed kind and compassionate interactions between people and the staff who supported them. We received very complimentary feedback from people and their relatives with regard to staff and the relationships that had been built up over time. Staff knew people well and were able to anticipate their needs. People's privacy and dignity was respected.

Thorough assessments of people's needs were completed and input was sought from them or, where appropriate, people close to them, with regard to likes and dislikes, life histories and preferences. There was a good level of information available for staff in people's written plans of support. This helped to ensure staff were able to deliver support that people needed, in the way they wanted it to be delivered.

People were able to choose how they spent their time and were supported by staff to access the community and engage in a wide variety of activities. People were supported and encouraged to be as independent as they were able.

Relatives we spoke with gave good examples of where they had raised concerns and the service had responded appropriately to make improvements for their loved ones. Relatives told us they were kept informed by the service and that communication was good. People and their relatives knew how to make a complaint and were confident they would be taken seriously and any issues resolved.

Summary of findings

People, their relatives and staff were able to raise concerns or make suggestions about how the service was delivered. Regular meetings took place in each of the homes and any issues were escalated to management if they could not be resolved at a local level. People and their relatives were asked for feedback on an informal basis as well as through more formal satisfaction surveys.

Staff spoke very highly of the support they received from each other and from the management team. We were told of an open and inclusive culture where everyone worked together to provide a good service for people they supported. There were clear lines of accountability and staff understood their responsibilities.

Systems were in place to assess, monitor and improve the quality of the service provided. We found there was regular monitoring of areas such as the environment, medicines, people's health and whether people's needs were met. This helped to ensure the service delivered was of a high standard and helped to highlight issues to be dealt with. Monthly reports on quality were produced which helped to ensure management were aware of any issues or concerns that were raised at a local level.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staffing levels at the service were good. People and their relatives expressed satisfaction with the safety of the service.

We found people's medicine records reflected their current prescriptions and needs. Checks on medicines were used consistently to monitor the safety of medicines handling.

Risks to people were assessed and managed appropriately.

Good

Is the service effective?
The service was effective.

People received support from a staff team that was adequately trained and supervised to carry out their roles effectively.

People were supported to eat and drink healthily and maintain an active lifestyle.

Consent was sought in line with legislation. Staff understood their responsibilities with regard to the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring.

Staff supported people in a caring, kind and compassionate manner.

Caring, positive relationships had been built between people and the staff who supported them.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's needs were thoroughly assessed, support was provided in line with their assessed needs and their preferences were taken into account.

People and their relatives were able to raise concerns or make suggestions about their support and were confident they would be listened to.

People were able to choose how they spent their time and could access a range of activities.

Good

Is the service well-led?
The service was well-led.

We observed a positive and open culture during the inspection.

Regular meetings took place between staff and management so that any highlighted issues could be resolved.

A range of systems were in place to assess and monitor the quality of the service provided.

Good

Ormskirk Hospital

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 April 2015. The inspection was announced as it was conducted as part of the wider trust inspection of Lancashire Care NHS Foundation Trust.

The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for someone who used a service that supported people with a learning disability.

Before the inspection, we spoke with the commissioning department at the local authority and reviewed the information we already held, to gain a balanced overview of the service provided.

We undertook the inspection by visiting six people in their own homes and visiting the provider's registered office. Additionally, we spoke with people's relatives over the telephone and during a focus group, which we held during the week of the inspection. Due to the complex nature of people's disabilities, only one person we visited was able to communicate verbally and gave us limited responses. We also spoke with six staff and the service manager.

We looked at four people's support plans and associated care files. We also reviewed a range of documents relating to the management of the service, which we requested from the provider.

Good

Is the service safe?

Our findings

One person who was able to speak with us and relatives of people who used the service told us they did not have any concerns about safety. We were told "I am happy here and I am safe". We observed that other people who did not communicate verbally were relaxed in the company of staff. They smiled, touched staff and gave staff eye contact; which appeared to indicate they were comfortable with the staff supporting them. Relatives and professionals we spoke with were complimentary about the safety of the service provided. A relative told us "[Relative] seems happy but he has his off days, which he has always had. He is very settled. I would get an impression if he was unhappy by his body language."

We talked with staff about how they ensured the people they supported were safe. Staff explained that each person had a range of risk assessments and individual support plans that gave staff guidance on how to help keep people safe. Staff also explained that they had built up good relationships with the people they supported and were able to tell when something was wrong. They told us the signs may include unexplained mood swings, or other behaviour that was out of character. Staff told us they would not hesitate to report any concerns to management.

Staff told us and training records confirmed that staff underwent regular training on safeguarding people who are vulnerable by their circumstances. The training helped to ensure that staff had up to date knowledge of their responsibilities as well as local procedures. The service had implemented a suitable policy with regard to safeguarding which was kept under regular review. Staff we spoke with were knowledgeable with regard to keeping people safe and told us they would not hesitate to raise concerns if they noticed something was wrong. One staff member commented; "We have all completed safeguarding training so we know how to recognise and report any types of abuse" whilst another said; "I know the service users really well and would recognise any change or if something was wrong". Staff knew how to whistle-blow, in line with the Trust's policy.

The service recognised that people were entitled to be as independent as they liked and that people were also entitled to take risks. This included respecting people's freedom and freedom of movement. People were encouraged by support workers to be as independent as they were able to be, including helping people to learn life skills. Individual risk assessments were carried out for each person who used the service. Where risks were identified, guidance was in place for staff to support people in the way they wanted to be supported whilst minimising the identified risks.

We looked at the medicines and associated records for four people receiving support in two different houses. We found that medicines were stored safely and the medicines administration records were clearly presented to show the treatment people had received. Medicines were administered by support workers. The Trust had a rolling programme of medicines training but was unable to evidence when support workers had completed their annual medicines competency assessment.

Qualified Nursing support was available to support workers on request, at all times. Nurses also checked people's medicines records and developed people's individual medicines care plans. The records we reviewed reflected people's current prescription and medicines needs.

Support workers completed daily and monthly counts of medicines stocks in order to identify any discrepancies. The service took advantage of the support that was available from a medicines safety nurse. A wider annual audit of medicines handling was being completed at the time of our visit. These measures helped to ensure that people received their medicines safely and that medicines were managed safely.

We looked at how staffing affected people's lives. All the people we spoke with and their relatives spoke positively about the staff team and staffing levels provided by the service. However, some relatives did express dissatisfaction about staff being moved between properties. We were told by the service manager that this was to ensure staff were able to work to support any of the people who used the service, although they realised this may have an impact on the continuity of care people received. Staff told us they were happy with staffing levels and that they got plenty of time to support people and were never short staffed. Staff confirmed that there were not only enough staff to support basic care needs, but that staffing levels also allowed for people to regularly enjoy their individual interests and hobbies. Where people's needs changed, we found the

Good

Is the service safe?

service altered staffing levels accordingly. Staff told us and we observed there was a good skills mix in each team, to ensure people were supported by staff with the right skills and experience to meet their needs.

We spoke with management, staff and looked at the personnel files of five staff who were employed by the service to check whether the service followed safe recruitment practices. We found the service operated standardised applications and recorded interviews, as well as checking with previous employers and the Disclosure and Barring Service before staff were employed. This helped to ensure that only suitable staff, of good character, were employed to support people who used the service.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to carry out their role effectively. One person who was able to speak with us was positive about the staff who supported them. They told us "I like all the carers – they take me out". People indicated to us that they got on well with staff and that staff provided 'good support' that they liked. Relatives we spoke with told us they had confidence in the skill and knowledge of the staff that supported their loved ones. Comments from relatives included: "It's very, very nice. They are brilliant and the care is fantastic!"; "They do know [Relative]'s needs and we have had lots of meetings and they have got to know [Relative] well that way" and; "There are some very dedicated and well-informed staff".

We spoke with management and staff, and looked at training records to find out what training staff received. We found that as well as mandatory training in areas such as safeguarding, moving and handling and health and safety, staff also underwent training on topics that were specific to the needs of the people they supported. For example, staff had completed training in behaviours which may challenge the service, epilepsy and safe swallowing. Staff commented "One thing we do get here is plenty of training – I've got some medication training coming up".

Staff received regular supervision and appraisals. This helped to ensure they had the skills and knowledge to undertake their role effectively. Topics for discussion included what had been and what was happening in the house, any concerns or problems, training and development, support plans and reviews of support. Staff told us they did not have to wait for a scheduled supervision to have a discussion with management and knew they could approach them at any time with concerns or suggestions.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We asked staff how they made sure that the support they were providing was what the person wished. Staff told us they used the notes contained in the support plans to guide them about needs and preferences as well as their knowledge of the person. They were clear that they could not force a person to accept support they did not consent to. For most day to day support tasks they relied on implied consent, which is given when a person cooperates or otherwise willingly accepts care.

The Mental Capacity Act (MCA) 2005 includes arrangements for people who are not able to consent to certain decisions. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in a supported living setting where people are tenants in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff told us and training records confirmed that staff had completed training on the MCA and DoLS. We discussed this with the management and staff. We found they had a good understanding of the MCA and DoLS and their responsibilities.

Where people lacked capacity to make certain decisions for themselves, the provider ensured a 'best interests' process was followed, which involved the person, people close to them and appropriate professionals. All discussions and decisions were recorded to provide a clear audit trail of the options considered and rationale for the decisions that had been reached.

We looked at how people were supported to eat and drink well. We saw that each person who received support from the service had a 'health action plan', which included information and guidance on people's healthcare needs including nutrition. Staff encouraged people to eat a healthy and balanced diet, but were clear it was people's choice as to what they ate and drank. People who received support from the service were encouraged to be involved in grocery shopping and preparing meals, as much as they were able or wanted to.

Where people required special diets to manage their health needs, such as diabetes or where people had difficulty swallowing food and drink, advice was sought from healthcare professionals. For example, we saw for one

Good

Is the service effective?

person who had difficulty swallowing, a speech and language therapist and dysphagia specialist had been involved in completing a safe swallowing assessment. They provided guidance for how this person required support to eat and drink safely.

We saw from people's records that a variety of healthcare professionals were involved in their care. These included physiotherapists, occupational therapists and chiropodists. This showed people had access to the services and support they needed in order to meet their healthcare needs. Relatives we spoke with told us they had confidence that their loved ones received healthcare that met their needs. They told us the service sought guidance and support when necessary. Professionals we spoke with during a focus group confirmed this.

Some of the people who received support from the provider had difficulty in communicating verbally. On each of the care files we looked at there was a "patient passport" which provided key information that would be of use to another agency, such as a hospital or clinic, and would help to make sure that the person received the right treatment.

Good

Is the service caring?

Our findings

People we spoke with indicated that they found support workers to be caring and kind, and that they had a small number of regular staff that supported them. One person told us "They look after me very well – they are very kind". Relatives we spoke with told us staff were caring and had spent time getting to know their loved ones. Relatives also told us that people enjoyed a positive relationship with staff and that support was provided by a small, familiar staff team. One relative told us; "The carers treat my sister like family". A member of staff told us "We don't get a big turnover of staff – we do have bank staff but we don't use agency – most of our staff have been here a long time"; whilst another commented "All the houses have keyworkers – here we have two keyworkers for each client".

We witnessed kind and caring interactions between staff and the people they supported. Staff spoke about people with respect and compassion in every discussion we had. Throughout our inspection, staff prioritised people's care and support above all else, for example, staff broke away from conversations with us when people required assistance.

People who were supported by the service enjoyed a high level of privacy and dignity because they lived in their own homes. Within each house, each person had their own bedroom as well as access to communal areas such as the kitchen, lounge, gardens and bathrooms. We were told by staff that people's relatives were able to visit at any time and relatives we spoke with confirmed this. From speaking with staff and looking at training records we were able to see that staff had undergone training in person centred approaches. The provider had implemented appropriate policies, which included guidance for staff on privacy and dignity. This helped to ensure that people's privacy and dignity was respected and promoted.

We found that people who were supported by the service, as far as they were able, were supported to choose how they spent their time and were supported to go out into the community, help with household chores, spend time cooking or doing crafts, or people could choose to relax at home.

All the staff we spoke with had a good knowledge of the people they were caring for. When they spoke with us it was clear that in many instances, they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. All staff were able to communicate with the people they supported using their own method of communication. Staff clearly understood people's own signs and what they meant.

We saw that sensitive records were kept securely, so only those people who were authorised could access them. This helped to keep people's sensitive personal information private and secure.

Where appropriate, the service ensured people's end of life wishes were sought and planned for in advance. The service respected people's wishes in this area as far as possible with support from healthcare professionals. We were told by staff and management of a person who had recently chosen to spend their final days in their own home. Staff explained they received good support from professionals and management to ensure everything was in place for the person. We saw compliments in the service's office from family members of someone who had recently passed away, which praised the service for the care and support their relative had received.

Good

Is the service responsive?

Our findings

We asked people and their relatives about their experiences of the support provided by the service. One person told us they were able to make choices about how the service supported them and how they spent their time. Relatives we spoke with told us that support was planned and delivered around the person concerned in terms of their needs, preferences and interests. Each of the properties we visited were very personalised. Each person's bedroom was decorated and personalised to reflect the personality of the person whose room it was.

One person we spoke with, people's relatives and staff told us about a range of activities that people accessed on a regular basis. These included going to watch rugby and swimming. The service were arranging for people to attend a 'Big Night Out' every six weeks. Staff at one property did however raise concerns about the length of time it was taking to get a vehicle through a Motability scheme. They explained this meant they currently were not able to support one person's access to the community as much as they would like to. This issue was in the process of being dealt with by the service.

We looked at support documentation for four people who were supported by the service. We saw that people's needs were assessed and relevant support plans were drawn up based on the assessments. Areas covered included, health needs, communication, mobility, preferences, activities and interests. We saw that plans were written centred on the person concerned, rather than being task or service oriented. Because of the way they were written, the support plans reflected the views of the people who used the service. Relatives told us that, where appropriate they had been involved in these discussions as well as the people themselves. When we talked with people who used the service and their relatives, it was clear that they were happy with the care that was provided on the basis of these plans.

We saw that support plans were reviewed and updated on an annual basis. We were also able to see from plans and staff confirmed that if someone's needs changed, assessments of needs and associated support plans would be updated as required. We talked to support workers about the plans and it was clear to us that they used them regularly, knew the content of them and contributed to them as required. The care files we looked at were clear and legible. Staff explained that they felt the support plans contained all the information necessary for them to support people and that over time they had also got to know people well so they were able to anticipate people's needs. Support plans and other documentation included a one page profile of the person which gave a good level of detail and also contained a document which captured the daily protocols in place for each person. Staff told us; "Everything we do we record in care plans and we have staff handovers so we know exactly what everyone has done".

The plans helped support workers to work with people who might not be able to communicate verbally and so included information about how to tell if people were happy or sad or in pain, judging by non-verbal signs, such as expression. We saw staff interact with people in a kind, caring, patient and knowledgeable manner.

People and their relatives were invited to give feedback on the service at review meetings which were held annually, and on a more informal, on-going basis. The service also operated a satisfaction survey to gather the views of people and their relatives. We saw the results of the latest survey which were very positive.

Relatives explained that they felt comfortable raising concerns or making suggestions about the service and were confident that they would be listened to and their feedback acted upon. An appropriate policy and procedure had been implemented to manage complaints.

Good

Is the service well-led?

Our findings

We spoke with one person about whether the service asked them for their opinions on the support delivered to them and whether they were kept up to date with things that were happening, for example in the house. This person indicated to us that staff asked them how the support was working for them and whether they were happy and if they felt involved in things that were going on.

We spoke with relatives about their experiences of the culture of the service and how effectively the service communicated with them. The majority told us that the service facilitated their involvement and communicated with them effectively. Relatives also told us that staff had a clear understanding of their role and responsibilities, which was reflected in their positive comments.

Relatives we spoke with also gave their opinions about how the service was managed. Each relative told us they were happy with the service, how things were managed within the houses and that staff worked well as a team. The only complaint we received was about staff being moved between the properties, which impacted the continuity of care people received.

Staff we spoke with told us that they enjoyed their work and that they had a good team. One staff member told us; "I absolutely love my job – the other staff are great – one big happy team to be honest". Staff told us they felt they had an outstanding level of support from the house managers and the service managers. One commented; "Yes – you can talk to [Manager] anytime and about anything you want to – she will listen even if it's a personal matter" another said; "We get well supported here by the manager and by the company as a whole – they are great to work for – I left and came back". However, staff told us that there was no engagement with any more senior management from the trust.

All of the staff we spoke with knew how to whistle-blow and raise concerns. They were confident that any issues they raised would be addressed. None of the staff we spoke with had had any reason to blow the whistle in the past.

Staff told us that team meetings took place regularly within each house. They explained that the meeting was like a group supervision session, where they discussed any changes or information that needed to be relayed from management, planning ahead and they were asked for their views and opinions on matters affecting the service and each person they supported. We saw minutes from meetings which confirmed this. We also saw minutes which confirmed management meetings also took place on a regular basis, where more high level issues were discussed, as well as anything that needed to be passed up from each of the houses. This helped to ensure that issues or concerns were captured and the people with the appropriate level of responsibility could work to resolve them.

A variety of mechanisms were in place to monitor and assess the quality of the service provided. An on-going dialogue was maintained between people who were supported by the service, relatives, staff and management to ensure that any concerns could be identified and addressed quickly. In addition, checks on care documentation, audits of medicines, finance and health and safety checks were carried out regularly. These systems helped to ensure the service was of a high standard and that any issues could be resolved. Monthly reports on quality were produced which helped to ensure management and the provider were aware of any issues that were raised locally.